

Knowledge and Attitude of Palliative Care Towards Work Performance of Nurses in Indonesia Private Hospital

Novita Verayanti Manalu, Alvin Salim, Esti Yunitasari

Abstract—Background: Palliative care is caring holistically for patients and families to improve their quality of life. The approach by a multidisciplinary team requires integrated collaboration based on sufficient knowledge of the principles of palliative care as a whole, especially for nurses. Therefore, this study wants to find out the level of knowledge about palliative care of the nurses along the relationship with attitude and performance. Method: This study applies cross-sectional survey design and allows the respondents to fill two questionnaires to determine the level of knowledge and attitude toward palliative care, while one questionnaire is filled by the head nurse to evaluate nurses' performance. The relationship was analyzed by Spearman rho's correlation in $\alpha < 0.05$ by SPSS. Results: The majority of respondents were females, age above 25 years old, and married. Most of the nurses are staff nurses and the ratio of education level is not significantly different. The knowledge level is poor, while the attitude and performance are in adequate level. Knowledge may affect attitude, but it does not happen toward performance. Conclusion: There is a need for increased knowledge about palliative care to improve attitude and work performance. Future researchers might use this finding as reference to conduct further study in improving knowledge of palliative care.

Keywords—Knowledge, attitude, work performance, palliative care.

I. INTRODUCTION

PALLIATIVE care provides an active and comprehensive integrated health approach, which is a multidisciplinary approach that integrates doctors, nurses, physiotherapists, social health workers, psychologists, nutritionists, pastors, volunteers, and other professions as needed. The background to the need for palliative care is the large number of patients with incurable diseases (both in children and adults), such as cancer, chronic obstructive pulmonary disease, stroke, Parkinson's disease, heart failure, and others.

Palliative care is care for both patient and family [1] holistically to improve their quality of life [2]. It is mostly applied for patients with life-threatening illness [3] or terminal illness where there is no treatment to cure them anymore, so that they also can achieve dignified death [4]. In other words, palliative care is provided to reduce suffering of patients and their families [5]. This type of nursing care views death as nature and not an enemy to overcome [6].

Palliative care was used for cancer patients at the beginning and it is developing into providing care for non-cancer patients

nowadays [2]. Providing palliative care is about providing end-of-life (EOL) care and nurses play an important role in it [1]. Nurses who work in palliative care need the ability to build relationships with their patients and families which starts from communication as the key [7]. Aside from providing care to relieve the physical symptoms of the patients, nurses who work in this area are expected to facilitate the patients and/or families to talk about their feelings and thoughts about death and dying [8].

Palliative care experts are invited by the Pontifical Academy for Life (PAV), academic institution in the Vatican, and they agreed that healthcare workers (medical and nurses) are required to have basic and intermediate level of palliative care training with addition that this care should be fully integrated in every setting [9]. This means that palliative care can be applied even to curable patients or to every patient from the beginning of care. When nurses have palliative care competency and applied it to the daily care, it is believed that it can improve their performance which results for the nurses themselves, the organization, and their co-workers [10]. With those benefits, palliative care competency should be introduced and trained to every health worker in every institution. However, in the observations of researchers, some nurses may have difficulties to accept death as a part of nature and life [11]. Concerns arose whether every nurse working in the hospital had sufficient knowledge about palliative care. As stated before, palliative care can improve work performance if their knowledge of palliative care is sufficient and applied in nursing care. Therefore, this research aims to find the relationship between the knowledge and attitude of palliative care to the nurses' work performance.

II. METHODS

This is a cross-sectional study with survey design which provides quantitative description of knowledge, attitude, and work performance of a population, by studying a sample of that population. The primary purpose of this study is to evaluate whether knowledge of palliative care will affect the attitude and nurses' work performance.

This study was conducted at the private Adventist Hospital located in Bandar Lampung, Indonesia. It is a level 2 or type C hospital with capacity of 180 beds which is also able to serve

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900 outpatients per day. There are approximately 180 nurses working in various departments in this hospital and 94 of the nurses were purposely recruited. They were male and female aged 22-55 years old, worked for at least two years, and had knowledge about palliative care. The exclusion criteria are nurses in level manager and/or above and length of work is less than 2 years. There were 30 nurses refused to participate for exclusion criteria consideration.

The hospital education and training division has distributed informed consent and questionnaires, and also provided souvenirs for respondents. Respondents were given time to read the informed consent and sign it if they agreed to participate in the study. In the next step, respondents are given time to fill it out and return it when finished. The data collection was conducted in the third week and fourth week of January 2022.

All the data obtained were analyzed using SPSS software. There were three variables in this study: knowledge of palliative care, attitude towards palliative care, and nurse's performance. Spearman's rho correlation was used to investigate the relationship between variables in $\alpha < 0.05$.

This study was approved by Ethic Committees from UNAI Nursing Faculty (No. 211/KEPK-FIK.UNAI/EC/I/22 and approval date on 14 January 2022). This study also obtained permission from the Director of Bandar Lampung Adventist Hospital. Aside from the availability of informed consent as described above, the confidentiality was also maintained. The respondents were coded using their department and order number of participants.

III. INSTRUMENTS

Palliative Care Quiz for Nursing (PCQN) [11] is the instrument to measure level of knowledge about palliative care. It contains 20 questions and has true or false value which will provide score and level of knowledge. The original questionnaire was in English and it was translated into Indonesian for the respondents to fill. Some words were modified to make the meaning close to the original article in order to give more comprehension for the respondents. The score of each number is 0 (False) and 1 (True) with the highest score is 20 (100%).

Professional End-of-life Care Attitude Scale (PEAS) [12] was the questionnaire to measure the attitude of nurses toward palliative care. The original questionnaire was in English and had four parts. This study adapted it by translating it into Indonesian and took just the last part of it. The last part contained 13 statements of personal apprehension level and 18 questions of professional apprehension level. The responses were scored from 1 to 5, representing "Strongly Disagree", "Disagree", "Neutral", "Agree", and "Strongly Agree". The score ranges of the responses were 31 to 155.

The nurse's performance scale to evaluate the performance of nurses was constructed from several sources with 10 main indicators consisting of 47 statements. Responses were scored from 1 to 4, representing "Poor", "Enough", "Good", and "Excellent". Response scores ranged from 47 to 188. This questionnaire was filled out by the head nurse to evaluate nurses based on their performance so far.

IV. RESULTS

The demographic data are provided in Table I. This study included 94 participants, eight males and 86 females. The age ranges that are made in this study starts from 17 years to 55 years with four classifications. There are 73 married nurses and 21 single nurses. Eleven departments in the hospital are included to participate in this study with their own staff nurse (60.6%) and nurse in-charge (39.4%). The respondents have various lengths of time working in hospitals, with 48.9% working more than 10 years. Last but not least, their education level is classified into vocational degree (55.3%) and bachelor degree (44.7%).

TABLE I
DEMOGRAPHIC DATA OF PARTICIPANTS

Classification	N	%
Gender		
Male	8	8.5
Female	86	91.5
Age		
17-25 years old	7	7.4
26-35 years old	36	38.3
36-45 years old	38	40.4
46-55 years old	13	13.8
Marital Status		
Married	73	77.7
Single	21	22.3
Department		
Hemodialysis	10	10.6
South Wing 4	5	5.3
West Wing 4	12	12.8
Obstetrics and Gynecology	9	9.6
Intensive Care Unit	6	6.4
South Wing 3	9	9.6
Elim 3	7	7.4
Elim 2	7	7.4
South Wing 2	7	7.4
West Wing 2	7	7.4
Outpatient Department	15	16.0
Length of Work		
< 6 years	26	27.7
6-10 years	22	23.4
> 10 years	46	48.9
Level		
Staff nurse	57	60.6
Nurse in-charge	37	39.4
Education Level		
Vocational degree	52	55.3
Bachelor degree	42	44.7

Level of knowledge about palliative care is divided into three categories: Good (score > 75%), Adequate (score 56%-74%), and Poor (score < 55%). There are 85 respondents with poor knowledge, while eight respondents have adequate knowledge and only one respondent with good knowledge.

Level of attitude towards palliative care is also classified into three categories: Good (score 3.68-5), Adequate (score 2.34-3.67), and Poor (score 1-2.33). In this study, 64 respondents are in the adequate category, 29 respondents have poor attitude, and

one respondent has good attitude.

TABLE II
KNOWLEDGE LEVEL OF PALLIATIVE CARE

Knowledge	N	%
Poor (<55%)	85	90.4
Adequate (56%-74%)	8	8.5
Good (> 75%)	1	1.1

TABLE III
ATTITUDE LEVEL TOWARDS PALLIATIVE CARE

Attitude	N	%
Poor (1-2,33)	29	30.9
Adequate (2,34-3,67)	64	68.1
Good (3,68-5)	1	1.1

TABLE IV
NURSES' WORK PERFORMANCE

Performance	N	%
Adequate	19	20.2
Good	35	37.2
Excellent	24	25.5

TABLE V
CORRELATIONS BETWEEN KNOWLEDGE, ATTITUDE, AND PERFORMANCE

		Knowledge	Attitude	Performance
Knowledge	Coefficient	1.000	.265	-.067
	Sig. (2-tailed)	.	.010	.519
	N	94	94	94
Attitude	Coefficient	.265	1.000	.056
	Sig. (2-tailed)	.010	.	.589
	N	94	94	94
Performance	Coefficient	-.067	.056	1.000
	Sig. (2-tailed)	.519	.589	.
	N	94	94	94

Similar with knowledge and attitude variables, work performance is also dissected into three categories. There are 19 respondents with adequate performance, 35 respondents with good performance, and 24 respondents with excellent performance.

Correlations between knowledge, attitude, and performance are analyzed using Spearman's rho in $\alpha < 0.05$. The correlation coefficient between knowledge and attitude is 0.265 which indicates there is correlation between knowledge and attitude. The correlation coefficient between attitude and performance is 0.056 which also indicates the significant relationship between attitude and performance. The correlation coefficient between knowledge and performance is -0.067 which shows neither knowledge nor performance has an effect on each other.

V.DISCUSSION

This study finds that 90.4% of the respondents have poor knowledge about palliative care. It is assumed to be related to age and educational level where the majority of the respondents are aged 26 years and above, and the subject of palliative care was added to the nursing curriculum from 2014. It is aligned with [13], which explains some of the factors for the lack of knowledge about palliative care because they did not get

palliative care courses during college, so they did not understand what to do to treat terminal patients. The other reasons for this poor level of knowledge are that few had attended non-academic palliative care educational sessions and that palliative care is still underdeveloped or unpopular [14] in Indonesia. Therefore, the willingness to learn and the development of palliative care are really needed to improve the knowledge level.

Attitude is an individual's perception to respond consistently towards a certain thing [15] and attitude towards palliative care is being measured in this study. Palliative care is known to be applied for patients with terminal illness and it is developed to be conducted with patients with acute conditions nowadays [16]. Most of the respondents (68.1%) have an adequate level of attitude in practicing palliative care. The nurses in the setting have the authority to discuss with physicians about a patient's care plan and the physicians respect nurses' views. This is one of the positive factors of having good attitude towards palliative care [17]. Other factors that can support this finding are their strong value and intrinsic religious beliefs [18] as Seventh Day Adventist believers.

Performance is the evaluation of how nurses conduct their job in daily life. This study finds that most of the respondents have good and excellent performance. Scheduling system of three shifts a day with the same length of work eight hours one shift, not too long working hour, which reduces the risk of burnout and increases the level of performance [19]. Balancing the workload or not being overloaded by managers or supervisors to nurses is also an important factor that can improve nurse's work performance [20]. Aside from individual efforts, institutions also have an important role to create nurses excellent work performance by conducting training or seminars that can increase knowledge, thereby changing attitudes for the better in work performance.

This study also discovers that knowledge and attitude have a relationship towards each other. Even though the level of knowledge is quite poor, the attitude is surprisingly good. This is aligned with the finding of Zeru et al. [21] which stated that some nurses might have poor knowledge about palliative care, but their attitude towards it is favorable. This is the reason for the moderate relationship between these two variables.

As seen in Table V, the attitude and performance variables have a slight relationship. The reason for this finding is that the questionnaire of attitude is about palliative care, while the performance evaluation is from various departments without specifically seeing the palliative aspect. Sometimes, negative nurse performance might happen when the attitude is positive [22]. However, there is a good opportunity to enhance the performance with the existing positive attitude towards palliative care.

Table V also reveals that there is no relationship between knowledge and performance. This is contradicting with findings by other authors that described the positive relationship between knowledge and performance [23], [24]. The reason for this finding is the utilization of general work performance scale, not a specific palliative performance scale. In this case, the fully palliative performance scale should be

used to avoid bias.

VI.CONCLUSION

Attitude towards palliative care can be increased through adequate knowledge. Knowledge can be obtained through non-academic education such as training or webinar. The positive attitude can also be a strong factor to improve work performance. However, there is no relationship between knowledge and performance because the evaluation of performance is not fully in palliative aspects.

These findings can provide insight into the importance of having knowledge of palliative care, so that nurses can achieve good quality work performance. It is expected that other settings or institutions provide palliative care training for nurses and health workers to be able to apply to palliative care. As one of its goals is to improve the quality of life of terminal patients, this will have a very good impact on providing individualized care to patients and increase patient satisfaction which will have a positive impact on the institution itself.

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CONFLICT OF INTEREST

The authors have no conflict of interest either in conducting the research or publishing the article.

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